

Care and treatment of people with dementia
quality of life and quality of care in dementia
the most important (and the most exciting) health
and social care challenge this century

Sube Banerjee

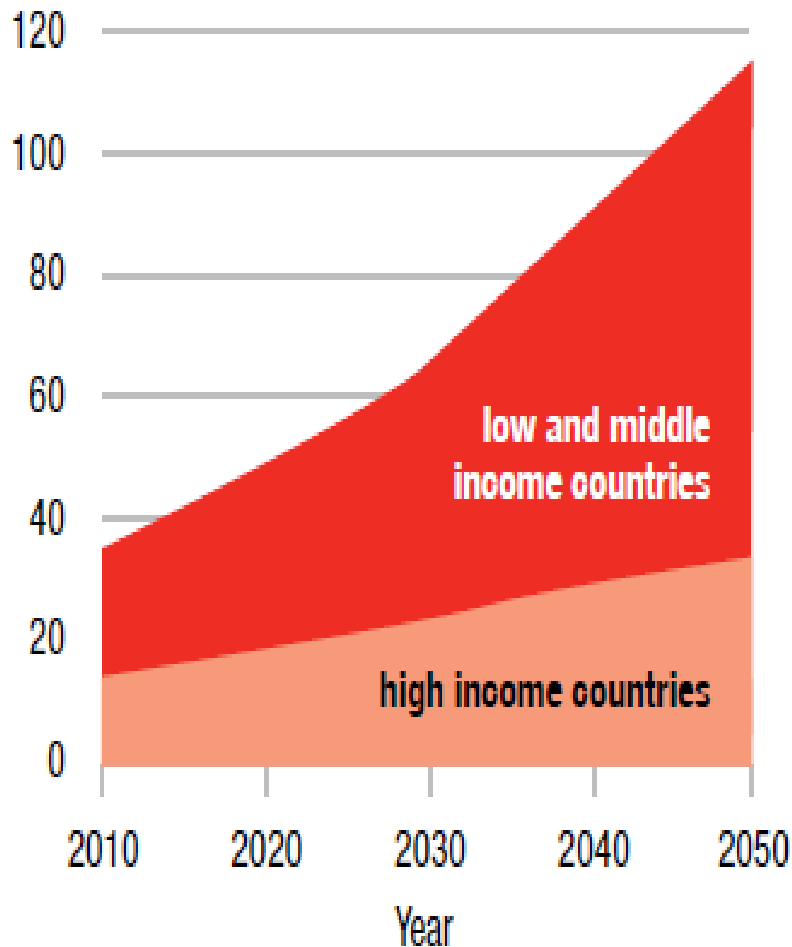
**Professor of Mental Health and Ageing, The
Institute of Psychiatry, King's College London**



WHY BOTHER WITH DEMENTIA?

Growth of numbers of people with dementia

Numbers of people with dementia (millions)



- **The World Alzheimer Report (2009) estimated:**
 - **35.6 million people living with dementia worldwide in 2010**
 - **Increasing to 65.7 million by 2030**
 - **115.4 million by 2050**

Future projections

The number of people in the UK with dementia will double in the next 40 years.

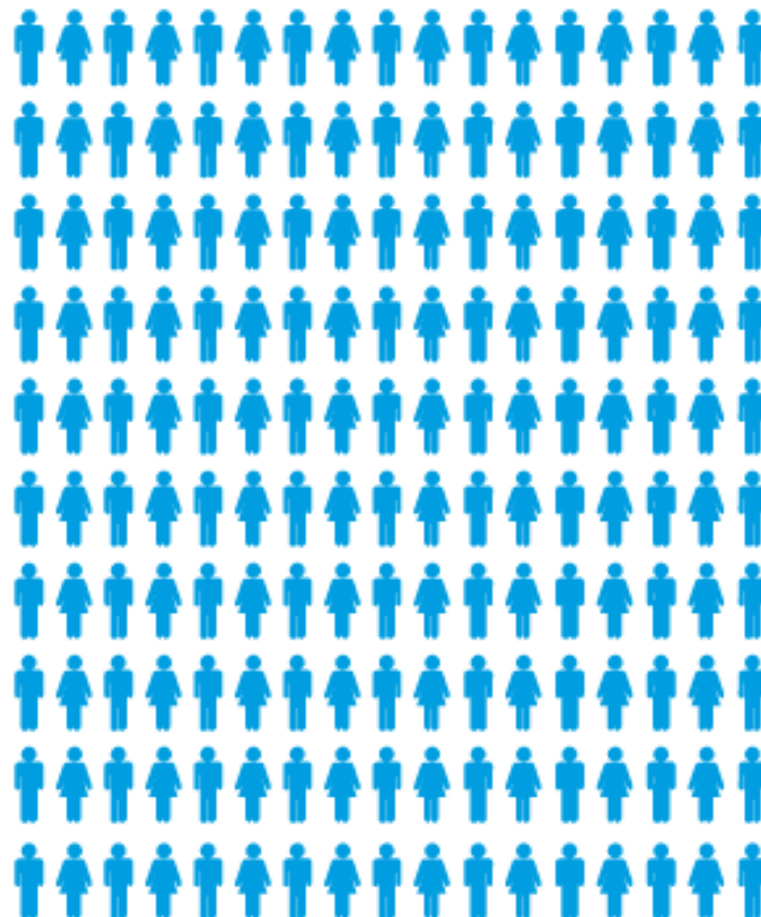
 = 10,000 people



800,000 people
with dementia in
2012

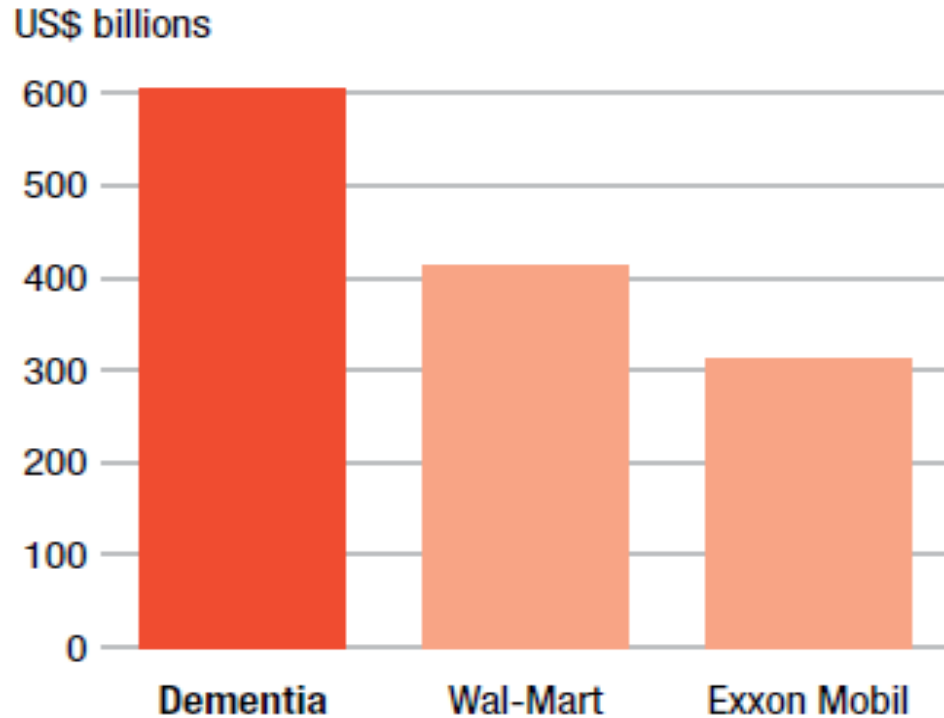


1,000,000 people
with dementia in
2021



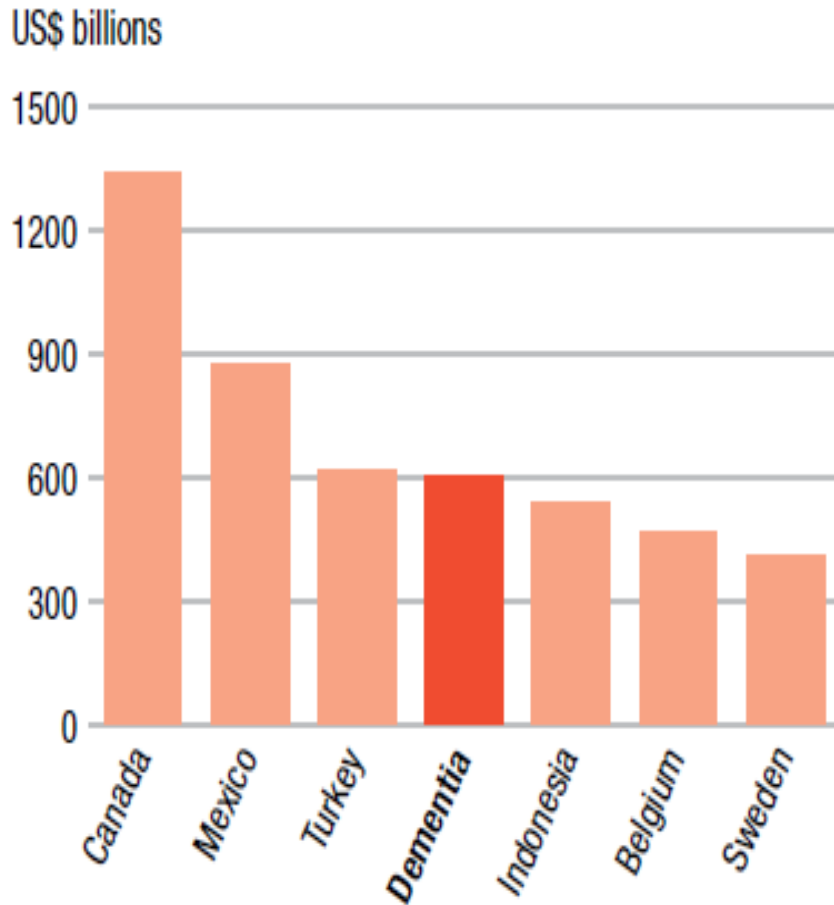
1,700,000 people
with dementia in
2051

Worldwide cost of dementia



- The societal cost of dementia is already enormous.
- Dementia is already significantly affecting every health and social care system in the world.
- The economic impact on families is insufficiently appreciated.
- The total estimated worldwide costs of dementia are US\$604 billion in 2010.
- These costs are around 1% of the world's GDP
 - **0.24% in low income**
 - **1.24% in high income**

Worldwide costs of dementia



- **The World Alzheimer Report (2010) estimated that:**

If dementia care were a country, it would be the world's 18th largest economy



Problems and solutions to problems

National dementia strategies

- France
- Wales
- Scotland
- Australia
- Germany
- Japan
- South Korea
- India
- England





Theme 1. Improving public and professional awareness and understanding

Sometimes what we know is wrong



He's one of the busiest men in town. While his door may say *Office Hours 2 to 4*, he's actually on call 24 hours a day.

The doctor is a scientist, a diplomat, and a friendly sympathetic human being all in one, no matter how long and hard his schedule.

According to a recent Nationwide survey:

MORE DOCTORS SMOKE CAMELS THAN ANY OTHER CIGARETTE

DOCTORS in every branch of medicine—113,597 in all—were queried in this nationwide study of cigarette preference. Three leading research organizations made the survey. The gist of the query was—What cigarette do you smoke, Doctor?

The brand named most was Camel!

The rich, full flavor and cool mildness of Camel's superb blend of costlier tobaccos seem to have the same appeal to the smoking tastes of doctors as to millions of other smokers. If you are a Camel smoker, this preference among doctors will hardly surprise you. If you're not—well, try Camels now.



Your "T-Zone" Will Tell You...

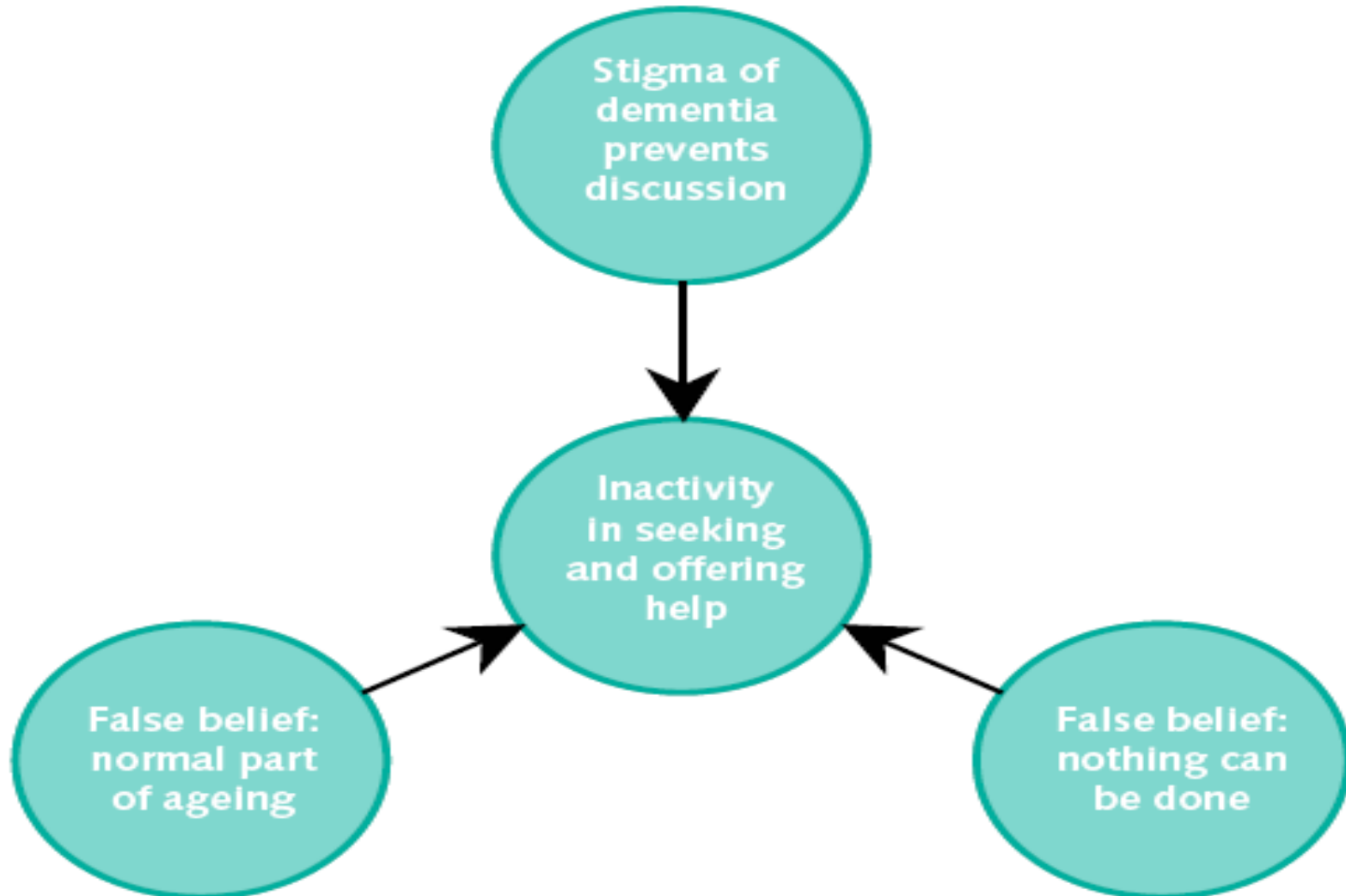
T for Taste ...
T for Throat ...

that's your proving ground for any cigarette. See if Camels don't suit your "T-Zone" to a "T."

CAMELS *Costlier Tobaccos*

© 1954
R. J. REYNOLDS
WELLS FARGO BANK, INC.

Dismantling the barriers to care: public and professional attitudes and understanding



Health promotion, education

**Worried
someone
close
to you
is losing
their
memory?**

Many people suffer from memory loss as they get older. But if it starts to happen on a regular basis, it could be the early signs of dementia.

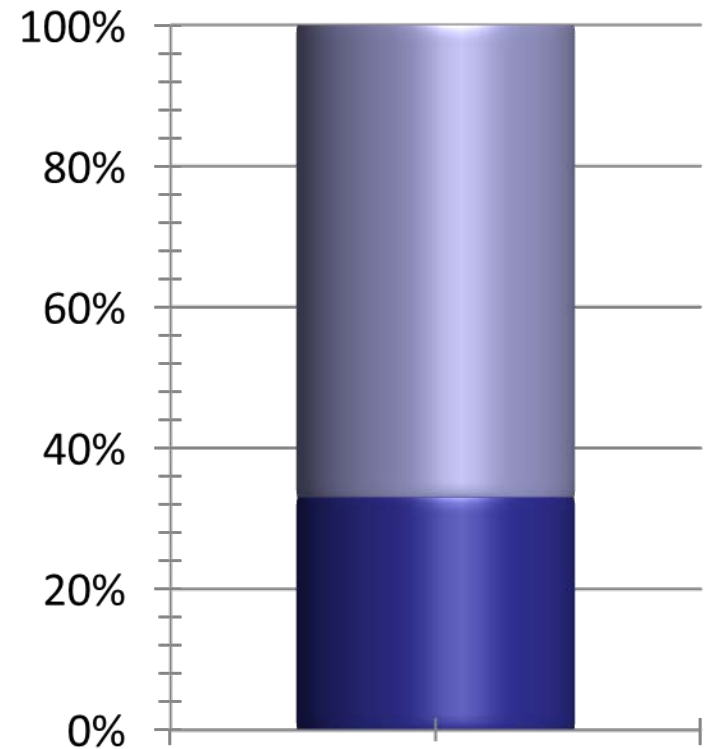
If you're worried, see your doctor



Theme 2. Good-quality early diagnosis and intervention for all

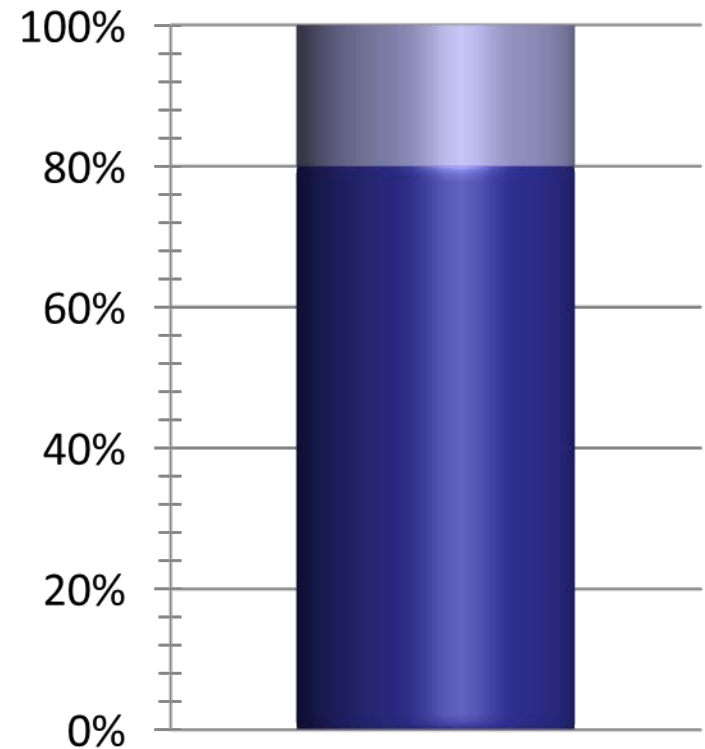
The fundamental problem - now

- **Only a third at most of people with dementia receive any specialist health care assessment or diagnosis**
- **When they do, it is:**
 - Late in the illness
 - Too late to enable choice
 - At a time of crisis
 - Too late to prevent harm and crises



The solution

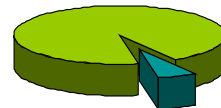
- **80% of people with dementia receive specialist health care assessment or diagnosis**
- **When they do, it is:**
 - **Early in the illness**
 - **Early enough to enable choice**
 - **In time to prevent harm**
 - **In time to prevent crises**



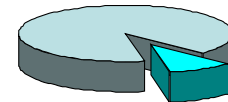
Services for early diagnosis and intervention in dementia for all – markers of quality

- Working for the whole population of people with dementia
 - ie has the capacity to see all new cases of dementia in their population
- Working in a way that is complementary to existing services
 - About doing work that is not being done by anybody
- Service content
 - Make diagnosis well
 - Break diagnosis well
 - Provide immediate support and care immediately from diagnosis

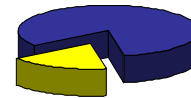
95% acceptance rate



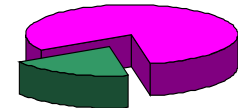
94% appropriate referrals



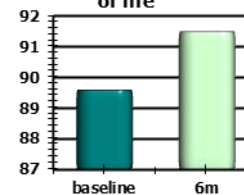
18% minority ethnic groups



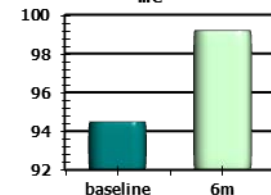
19% under 65 years of age



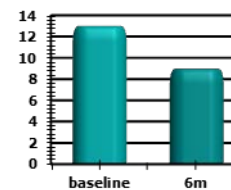
Improvement in self-rated quality of life



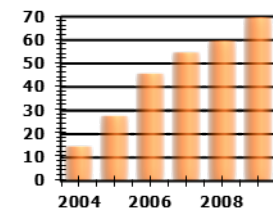
Improvement in carer-rated quality of life



Decrease in behavioral disorder



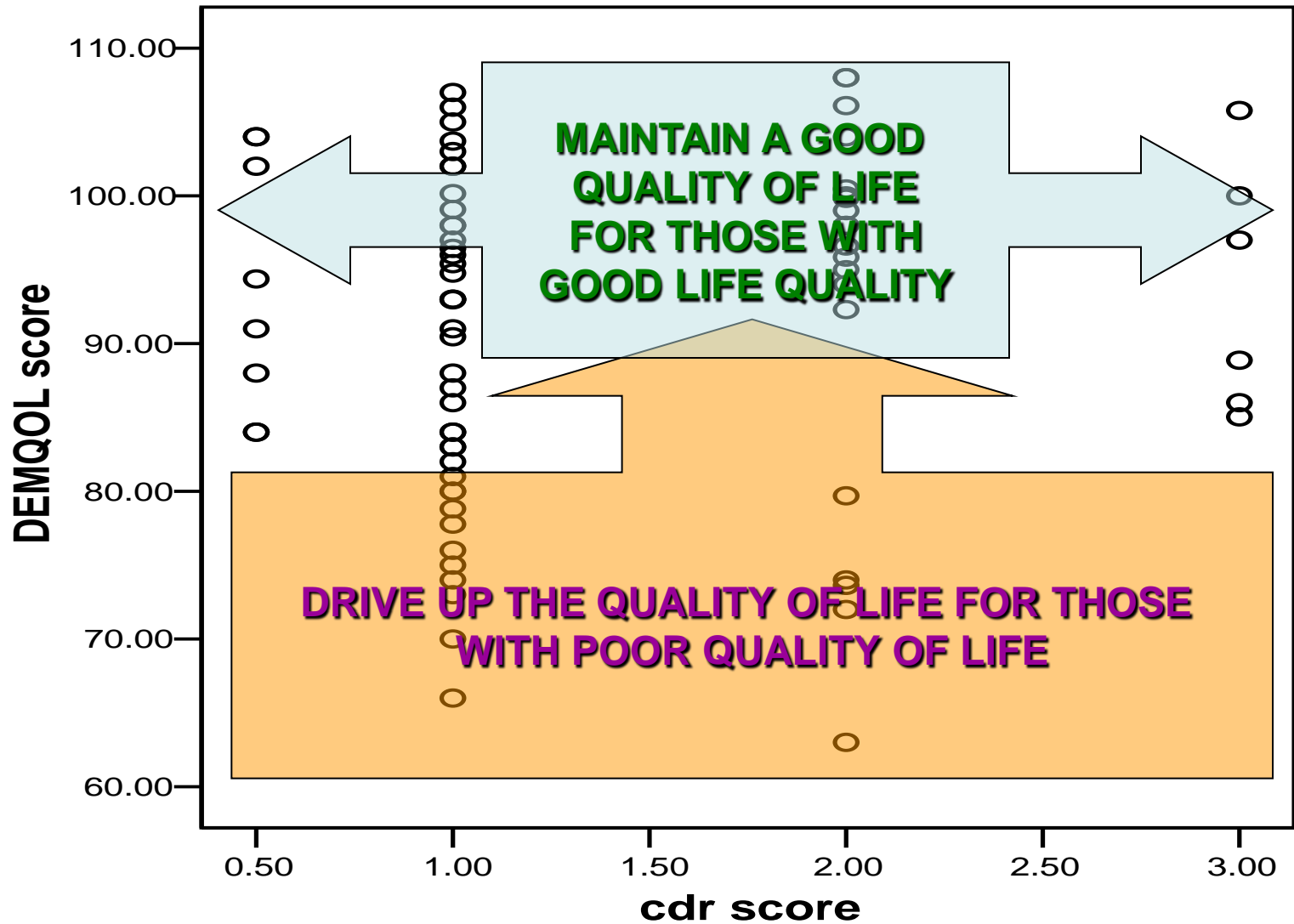
Proportion of new cases diagnosed



World Alzheimer Report 2011: Nine reasons for early identification and treatment of dementia

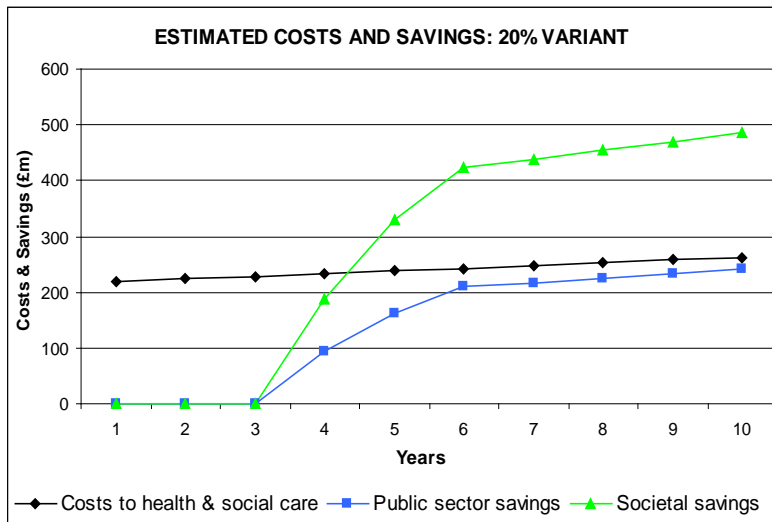
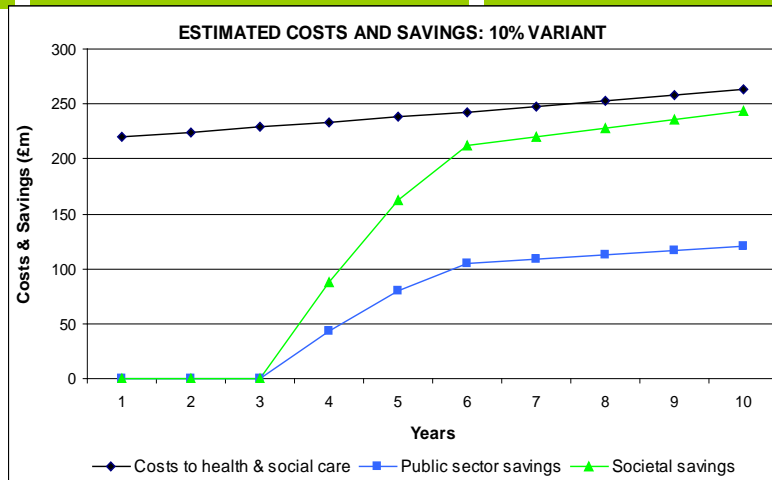
- 1. Optimising current medical management**
- 2. Relief gained from better understanding of symptoms**
- 3. Maximising decision-making autonomy**
- 4. Access to services**
- 5. Risk reduction**
- 6. Planning for the future**
- 7. Improving clinical outcomes**
- 8. Avoiding or reducing future costs**
- 9. Diagnosis as a human right**

Our goal



Early intervention for dementia is clinically and cost effective – “spend to save”

- 215,000 people with dementia in care homes -- £400 per week
- Spend on dementia in care homes pa
– **£7 billion pa**
- 22% decrease in care home use with early community based care
- 28% decrease in care home use with carer support (median 558 days less)
- **Quality – older people want to stay at home, higher qol at home**
- Take an additional 220 million pa
- Delayed benefit by 5-10 years
– Strategic head needed
- Model published by DH
- 20% releases £250 million pa y6



Cost effectiveness

Please ignore – not English - economics

- The Net Present Value would be positive if benefits (improved quality of life), rose linearly from nil in the first year to £250 million in the tenth year. This would be a gain of around 6,250 QALYs in the tenth year, where a QALY is valued at £40,000, or 12,500 QALYs if a QALY is valued at only £20,000.
- By the tenth year of the service all 600,000 people in England then alive with dementia will have had the chance to be seen by the new services
- A gain of 6,250 QALYs per year around 0.01 QALYs per person year. A gain of 12,500 QALYs around 0.02 QALYs per person year.

Likely to be achievable in view of the rise of 4% reported from CMS.

- Needs only:-
 - a modest increase in average quality of life of people with dementia,
 - plus a 10% diversion of people with dementia from residential care, to be cost-effective.
- The net increase in public expenditure would then, be justified by the expected benefits.



Theme 3. Improved quality of care from diagnosis to the end of life

Theme 3 - Improving quality of care



- O6. Improved community personal support services
 - generic and specialist – collation of data
- O7. Implementing the Carers' Strategy for people with dementia
 - make it work for dementia
- O8. Improved quality of care for dementia in general hospitals
 - clinical leads for dementia, specialist liaison teams – collation of data
- O9. Improved intermediate care for people with dementia
 - change in guidance
- O10. Housing support, related services and telecare
 - watching brief
- O11. Living well with dementia in care homes
 - including review of use of antipsychotic medication in dementia
- O12. Improved end of life care for people with dementia
 - making it work for dementia



The acute end of the dementia pathway

- 70% hospital beds occupied by older people, half of them have dementia
Audit commission, 2006, Living Well in Later Life.
- Between 2000-2010, hospital stay for 60-74 increased by 50%, over 75 by 66%.
Hospital Episode Statistics, 09-10.
- Dementia is a predictor of increased LOS, poorer outcomes and institutionalisation
- National Audit Office estimated excess costs of dementia to be £6 million/year in an average general hospital
National Audit Office, 2007
- 30% of elderly patients who are admitted into acute hospitals from their own homes are discharged into care homes

Evaluation RAID model – old age psychiatric liaison services in a general hospital

**Saving 12m - 12,951 bed days
35 beds per day - £3m pa**

**8% increase admission prevention
6 beds per day**

**Discharge home
Before 34% - after 67%**

**Readmission rates
Before 19% - after 5%**

Reducing Length of Stay

Increasing rates of discharge at MAU

A&E diversion

More home discharges

Reducing rates of re-admissions

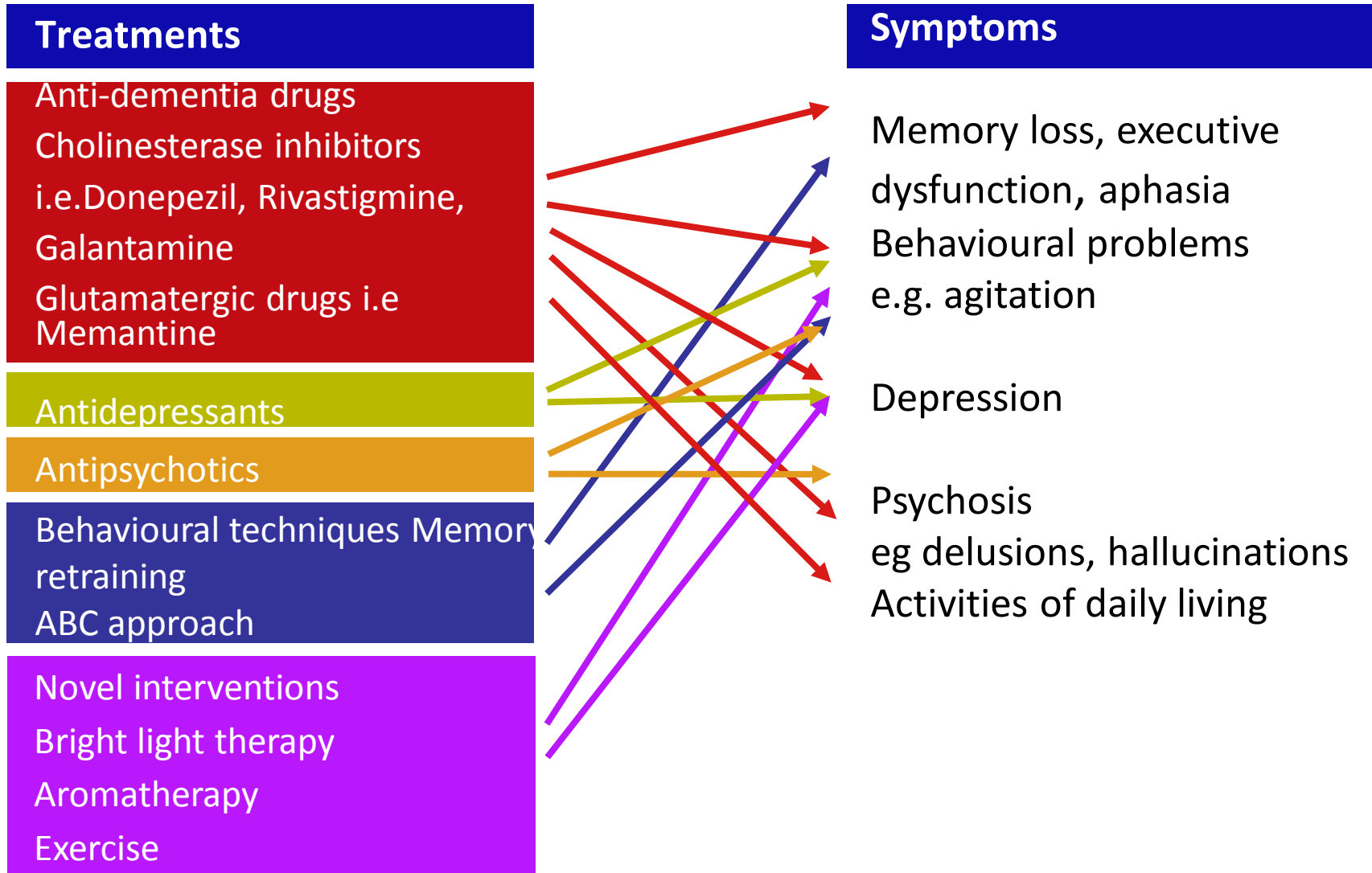
**Total savings:
£3.55 million to NHS**

**Money value
Cost: return = £1:£4**

At least 44 beds/day

£60,000/week to social care cost

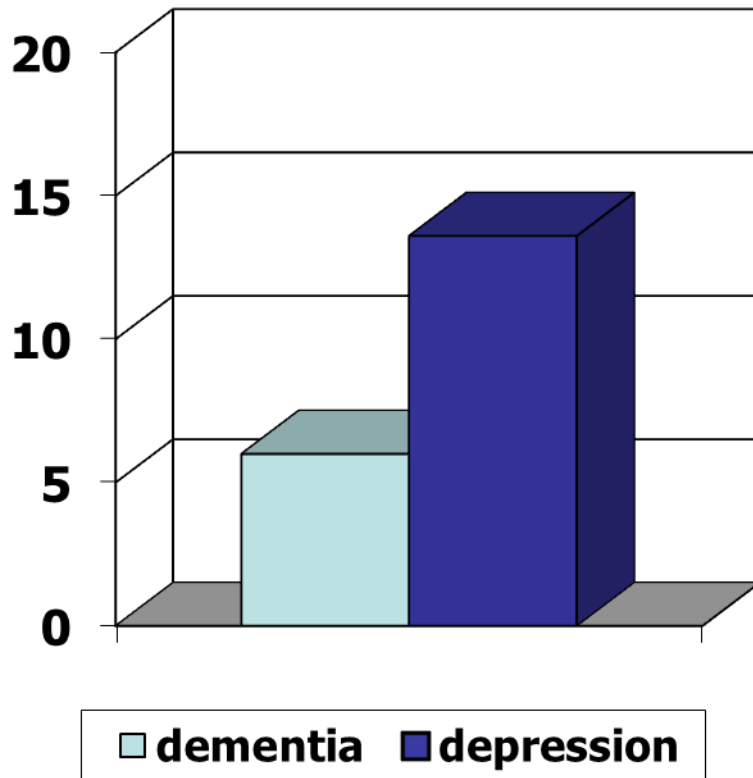
Drug management of behavioural and psychological symptoms in dementia





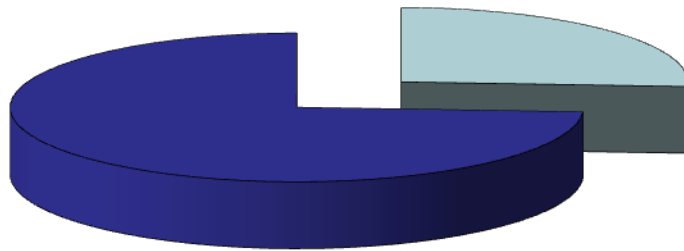
Depression in dementia

Epidemiology



- Both common in later life
 - 6% dementia
 - 14% depression
- Assorted randomly expect 1% co-morbidity

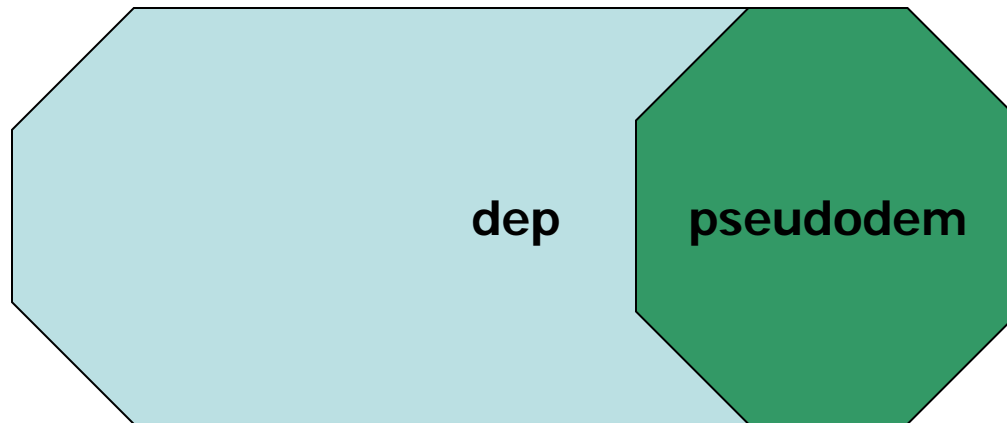
Epidemiology II



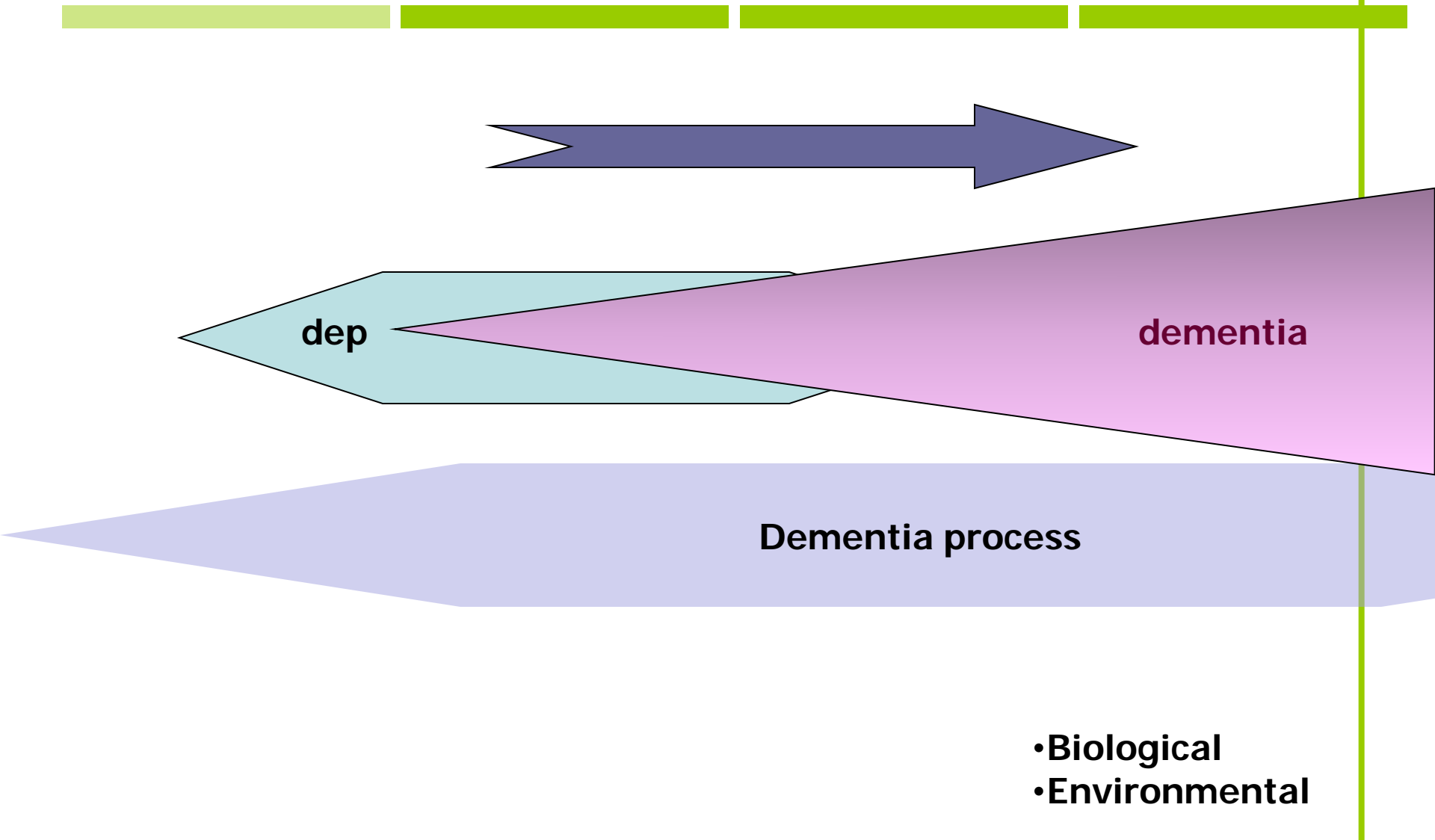
■ depressed ■ well

- **Prevalence: 0-86% of people with dementia depressed**
- **Incidence: 12% per year (Steinberg et al, J Neuropsych 2003)**
- **Depends on:**
 - Study group
 - Diagnostic criteria for depression
- **Unstable and poor estimates for clinical practice**

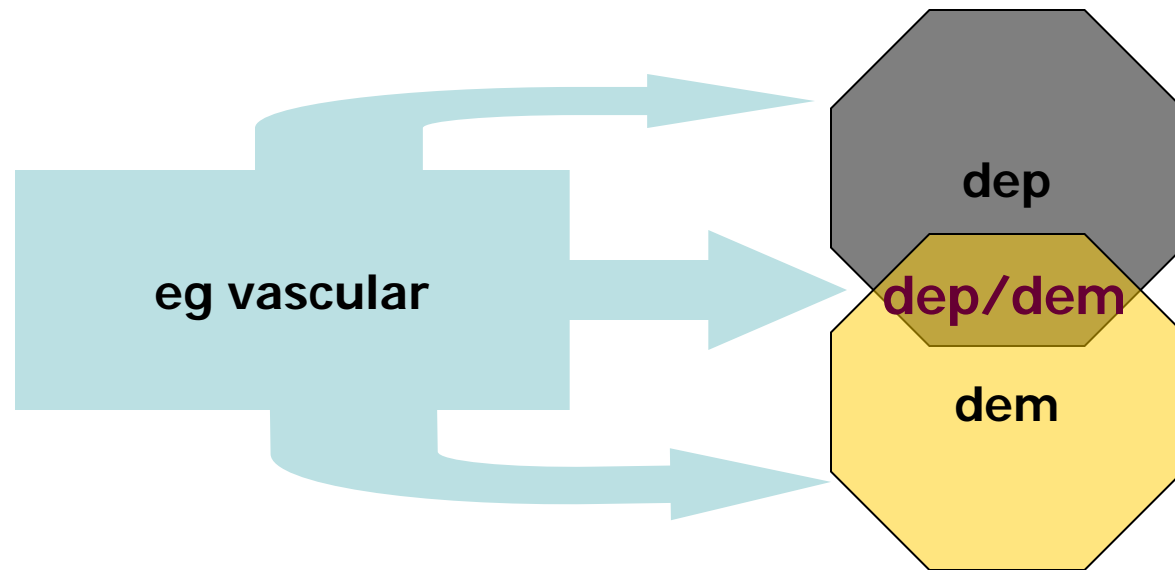
Relationship between depression and dementia – pseudodementia



Relationship between depression and dementia – prodrome or early sign



Relationship between depression and dementia – common causation



Evidence base for antidepressant treatment

- Petracca et al (1996)
 - Clomipramine in 24 individuals
 - **balanced**
- Reifler et al (1989)
 - Imipramine in 61 individuals
 - **negative**
- Lyketsos et al (2003)
DIADS
 - Sertraline in 44 individuals
 - **positive**
- Rosenberg et al (2010)
DIADS II
 - Sertraline in 131 individuals
 - **negative**



Sertraline or mirtazapine for depression in dementia (HTA-SADD): a randomised, multicentre, double-blind, placebo-controlled trial

Sube Banerjee, Jennifer Hellier, Michael Dewey, Renee Romeo, Clive Ballard, Robert Baldwin, Peter Bentham, Chris Fox, Clive Holmes, Cornelius Katona, Martin Knapp, Claire Lawton, James Lindesay, Gill Livingston, Niall McCrae, Esme Moniz-Cook, Joanna Murray, Shirley Nurock, Martin Orrell, John O'Brien, Michaela Poppe, Alan Thomas, Rebecca Walwyn, Kenneth Wilson, Alistair Burns

Summary

Background Depression is common in dementia but the evidence base for appropriate drug treatment is sparse and equivocal. We aimed to assess efficacy and safety of two of the most commonly prescribed drugs, sertraline and mirtazapine, compared with placebo.

Lancet 2011; 378: 403-11

Published Online

July 18, 2011



Give an authoritative answer

As close to realities of service provision as possible

A definitive multi-centre pragmatic randomised controlled trial of the clinical and cost effectiveness of mirtazapine and sertraline versus a prescribed antidepressant in the treatment of depression in dementia in primary and secondary care

9 sites

Birmingham
Cambridge
Leicester
Liverpool
Manchester
Newcastle
North London
Southampton
South London

Client Services Receipt Inventory (CSRI)

Cornell Scale for Depression in Dementia (CSDD)

Defined pragmatically

CSDD scores by treatment group, unadjusted means with 95% CI (a lower CSDD score means less depressive symptoms)

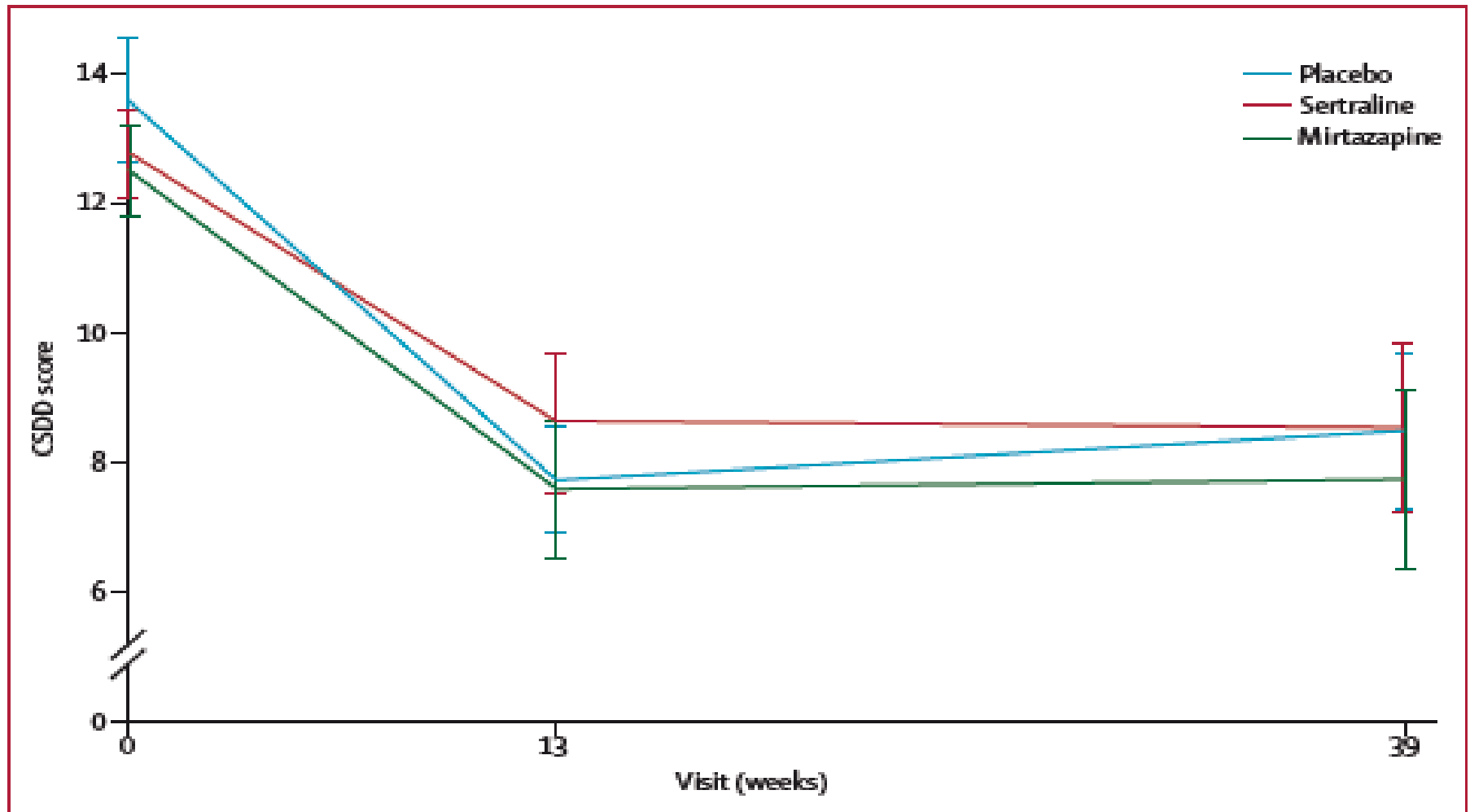


Figure 2: Unadjusted mean CSDD scores by treatment group
Lowest score is best. Error bars show 95% CIs. CSDD=Cornell scale for depression in dementia.

Clinical conclusions

- Referral to specialist services is helpful for people with depression in dementia
- Antidepressants should not be a first line treatment
- Most cases will resolve with usual care and without sertraline or mirtazapine
- The drugs have harms
- Benefits plateau at 13 weeks so 3 months 'watchful waiting' with psychological, social and educational treatment as usual is advocated

What works?

HTA-SADD Trial

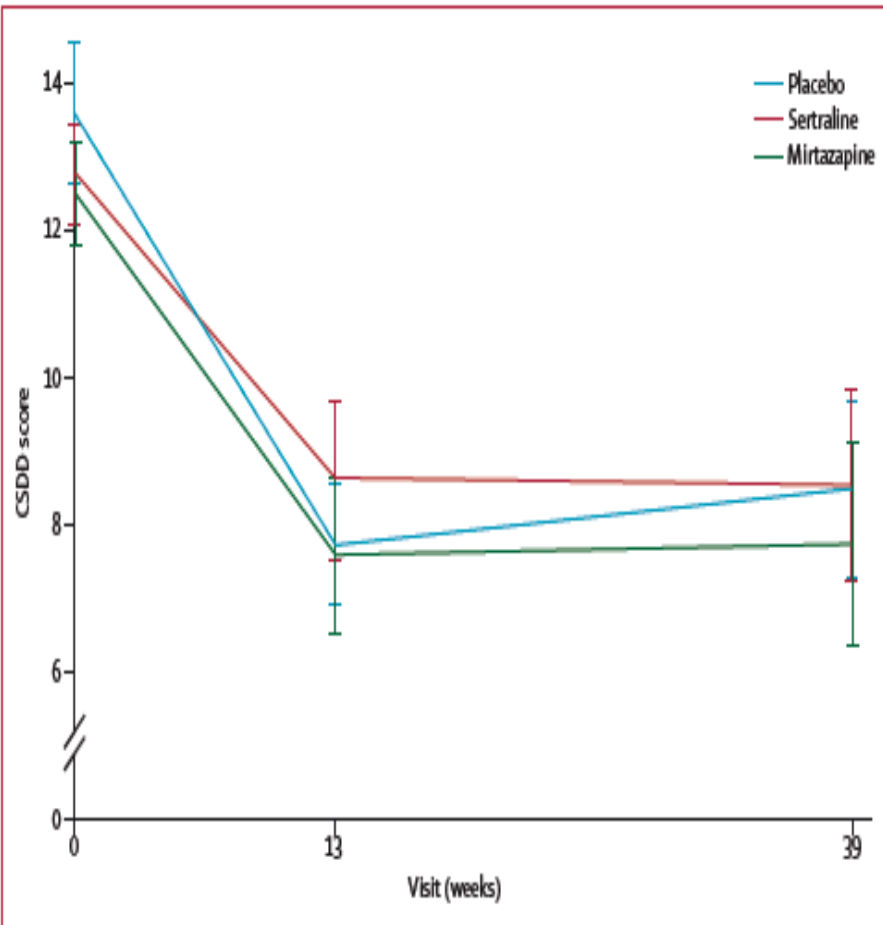
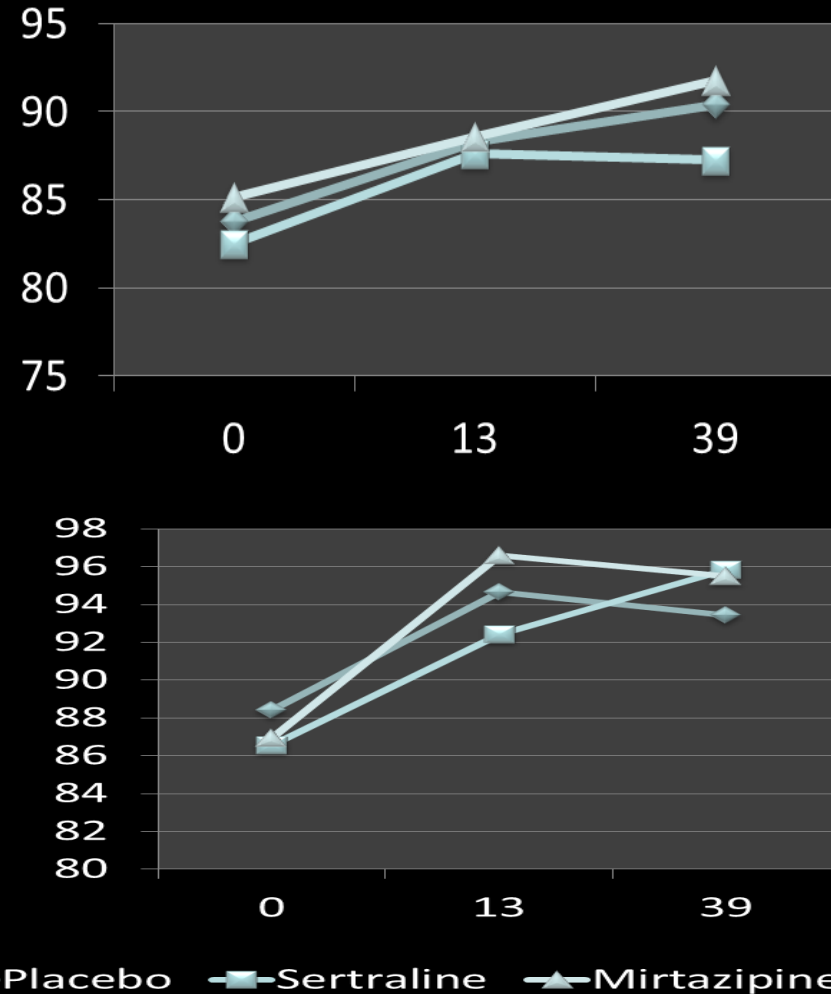


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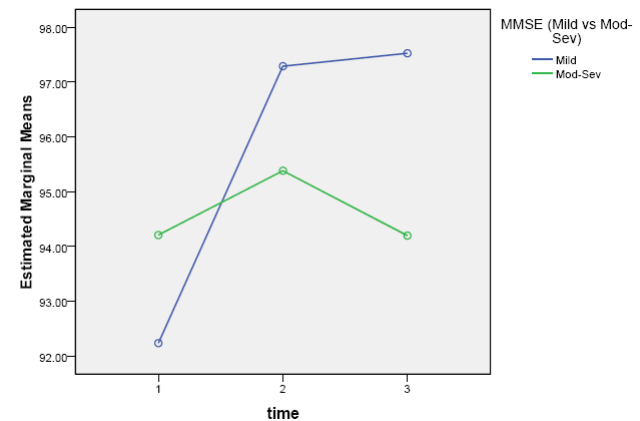
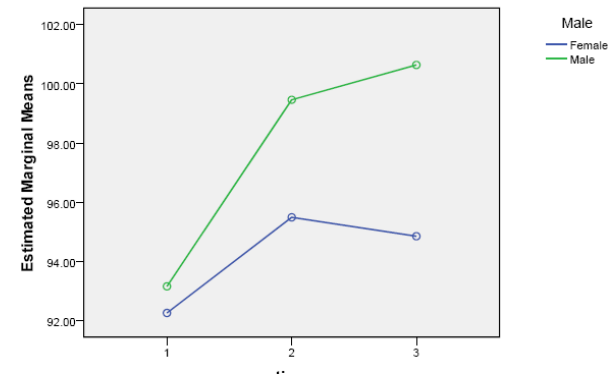
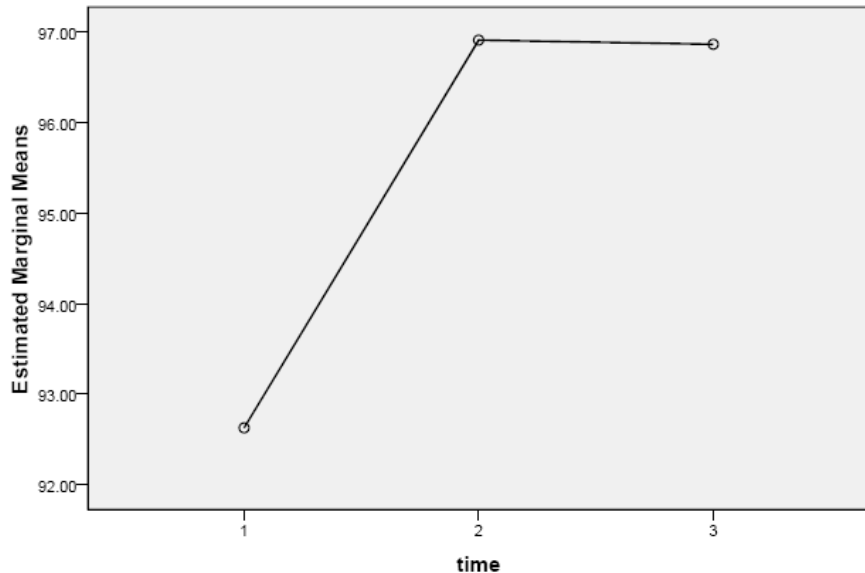
DEMQOL and DEMQOL-Proxy Score



Placebo Sertraline Mirtazapine

What works? The intervention of teams in complex clinical situations

- routine practice
- data from patients remaining in service
- baseline, 6 months and 12 months
- indication of the possibility of change



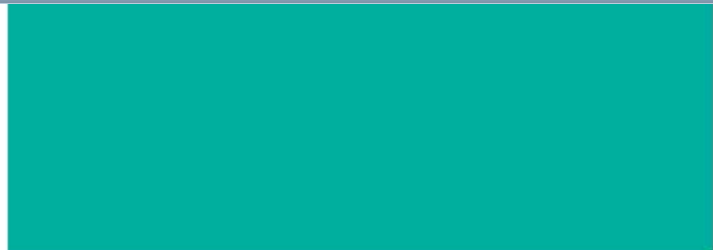


Reduced use of antipsychotic medication

Ministerial review of use of antipsychotics in dementia – simple actionable messages from research

The screenshot shows the BBC Panorama website. The main heading is "PANORAMA" with the subtitle "The world's longest running investigative TV show - Mondays at 8:30 pm". The featured article is "What Have the Drugs Done to Dad?". A video player is visible, showing a man in a brown jacket with a BBC logo in the bottom right corner. The browser address bar shows "http://www.bbc.co.uk/programmes/b00v222h".

The screenshot shows the BBC News website. The main heading is "NEWS UK". The featured article is "Doctors told to cut anti-psychotic drugs for dementia", dated 1 November 2010. The article text reads: "The use of anti-psychotic drugs for dementia patients must be cut by two-thirds by November 2011, the minister responsible has warned doctors." A video player is visible, showing Paul Burstow MP, Minister for Health Care Services, with a BBC logo in the bottom left corner.



An independent report commissioned and funded by the Department of Health

What's the use of antidepressants and antipsychotics in dementia?

- Depression and psychosis are different in dementia
- Psychopharmacology is different in dementia
- Need to be very careful in generalising findings from non-demented populations to people with dementia
 - **Effects**
 - **Harms**
- Need to understand better and to harness the power of good quality case management for dementia where there are complicated needs

The need for action

“No other force is likely to shape the future of national economic health, public finances and national policies as the irreversible rate at which the world’s population is growing older...”

S&P numbers take the debt from about 4.7% of GDP now to about 7.5% in the next decade

Global Aging 2010: An Irreversible Truth

Primary Credit Analyst:

Marko Mrsnik, Madrid +34 913 896 953; marko_mrsnik@standardandpoors.com

Secondary Contacts:

David T Boers, London (44) 20-7176-7101; david_boers@standardandpoors.com
Ivan Motzov, London (44) 20-7176-7159; ivan_motzov@standardandpoors.com

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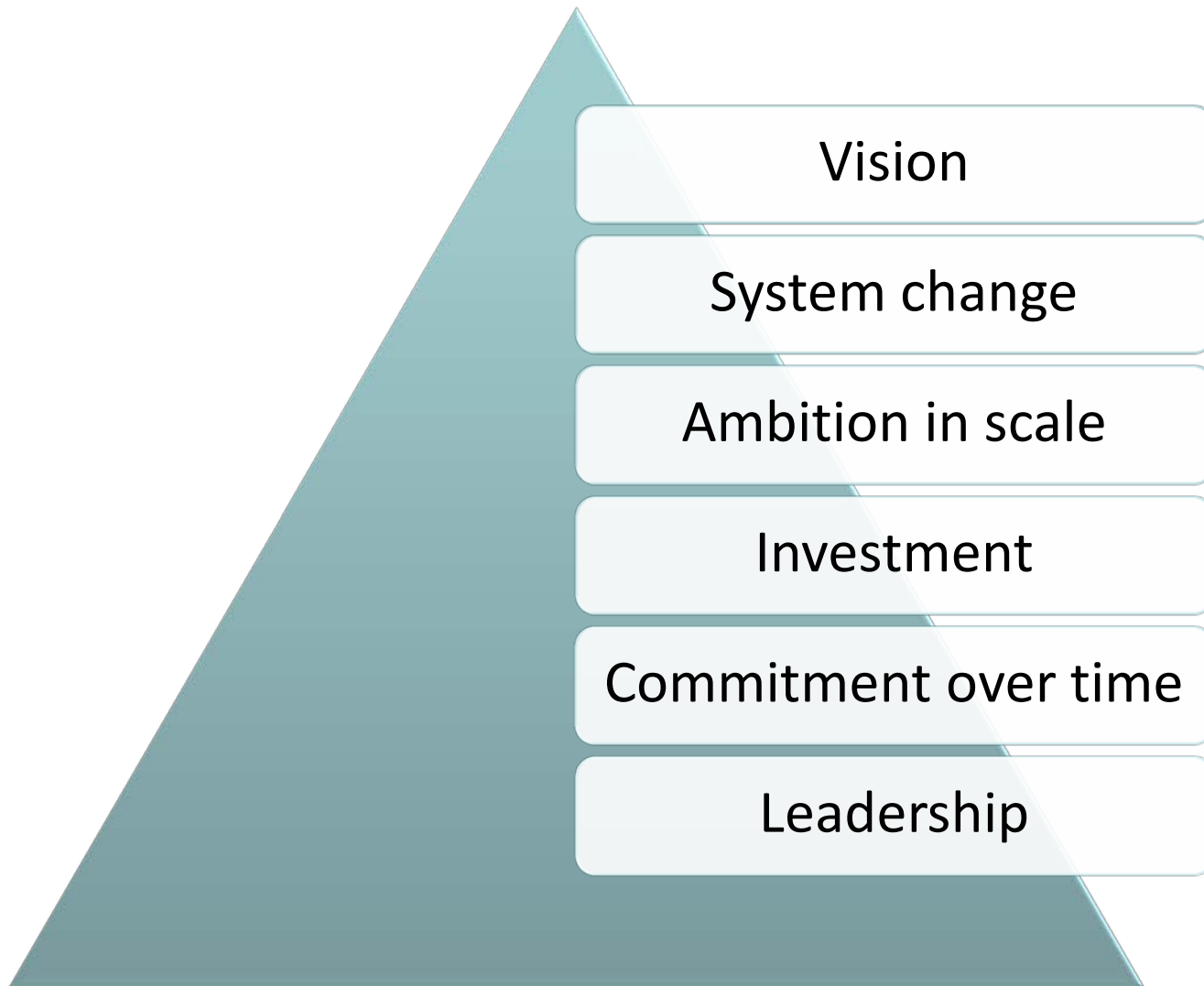
Alternative Scenarios

The Policy Implications Of Closing The Gap

From Bad To Worse: Comparison With Previous Standard & Poor's Reports On Population Aging

A Global Challenge

Solidarity for people with dementia, their carers and society

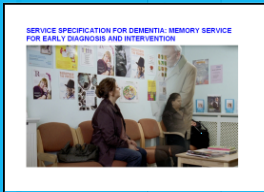


Services for early diagnosis and intervention in dementia for all – research based markers of quality

Handbook

Commissioning Framework & Assessment Tool

1. Early diagnosis



	1	2	3	4	5	6	7	8	9
1. Service specification									
2. Cost/benefit tool									
3. Case for change									
4. Action plans									
5. Patient information									



2. Care at home / care home



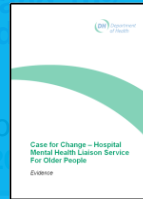
	1	2	3	4	5	6	7	8	9
1. Service specification									
2. Cost/benefit tool									
3. Case for change									
4. Action plans									
5. Patient information									



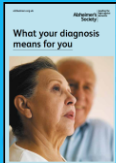
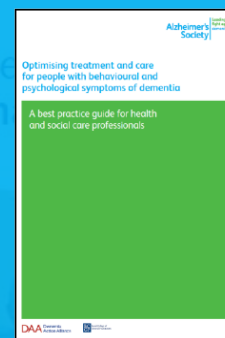
3. Care in hospital



	1	2	3	4	5	6	7	8	9
1. Service specification									
2. Cost/benefit tool									
3. Case for change									
4. Action plans									
5. Patient information									



4. Antipsychotic medication



Procurement templates and guidance



Strategy

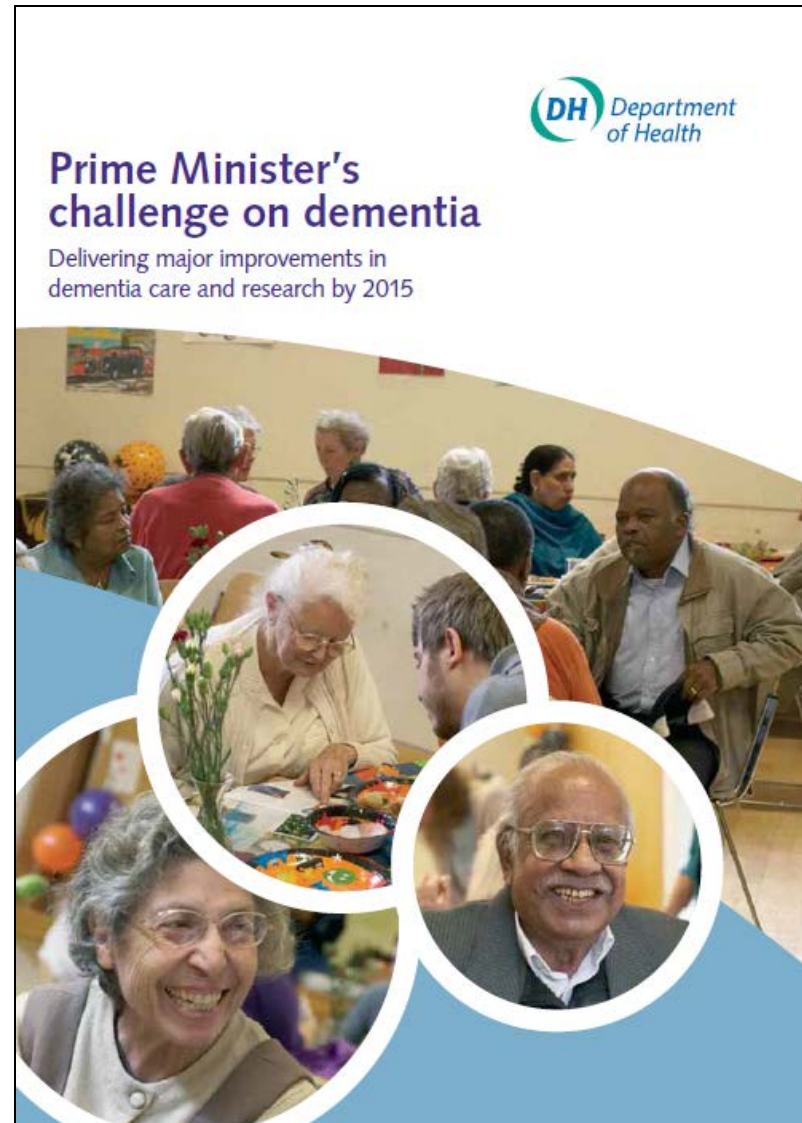


Putting People First

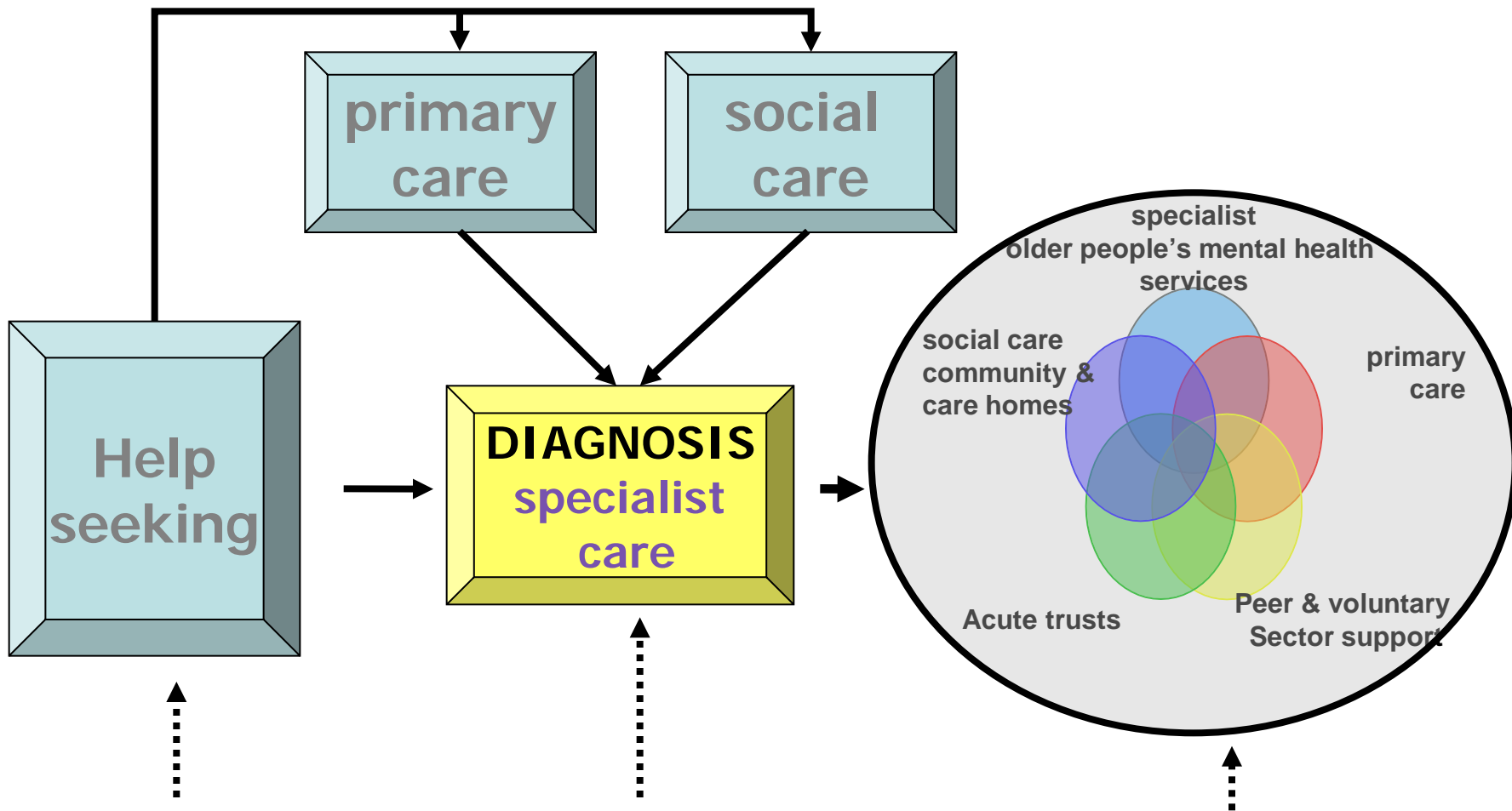
1. Specification
2. Cost/benefit tool
3. Case for change
4/5 Action Plans / Inserts
6. Patient information

Why bother about dementia?

“So I am determined that we will go further and faster on dementia – making life better for people with dementia and their carers, and supporting the research that will ultimately help us slow, stop and even prevent the condition”



Dementia care pathway – simple, navigable and commissionable



1. Encourage help seeking and referral

2. Locate responsibility for early diagnosis and care

3. Enable good quality care tailored to dementia



Dementia is not the problem

**Good quality dementia care – for all
is the solution**



Thank you and good luck!